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Elizabeth House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 10 November 2016 and was unannounced.

Elizabeth House Residential Care Home provides a service for up to 16 men or women who have needs associated with ageing or a dementia type illnesses and is situated in Mansfield Woodhouse Nottinghamshire. On the day of our inspection 11 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

There were enough staff with the right skills and experience to meet people's immediate needs. We found that medicines were stored correctly, however they were not always administered safely. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks, but the cleaning schedule in place had not identified debris behind the tumble drier which could have presented a hazard. People who used the service and staff at Elizabeth House knew who to report any concerns to if they felt anything untoward had occurred.

People were supported by staff who had received the training they needed to support people effectively. People had consented to the care that they received. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People spoke positively about the food they received. They were able to have choice in what they ate at each meal and received support to eat if required. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

A complaints procedure was in place and people felt comfortable in making a complaint if needed. People received the care they needed in a way that met their needs. We saw staff provide planned care well. While a range of group activities were planned none were taking place on the day of our inspection. Care plans were written with the involvement of each person and their family. They were reviewed regularly to ensure staff responded appropriately to any change in need a person may have.

Processes were in place to check on the quality of the service, but there was no overall action plan to

demonstrate improvement. The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received. Staff understood the values and aims of the service and spoke highly of the registered manager, who had a good understanding of their regulatory responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People's medicines were stored correctly, however they were not always administered safely.

The cleaning schedule had not ensured prevented a build-up of debris behind the tumble drier.

People were supported to make choices, take risks and were protected from abuse by staff who were supporting them.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Is the service effective?

Good

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were able to choose what they ate and their nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were able to access advocates to represent their views when needed.

People's independence privacy and dignity were promoted and respected by staff.

There were no restrictions on people's friends and family visiting them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People felt confident in making a complaint and felt it would be acted on. The complaints procedure was on display.

People experienced support from staff which responded to their changing needs although the range of activities available was limited.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a process in place to check on the quality of the service, but the range of audits was limited and action plans were not linked together to give an overall picture of improvement.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Elizabeth House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 November 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with five people who used the service and five friends and family of people who were visiting Elizabeth House, as well as two visiting health care professionals. We also spoke with the registered manager and three care staff, and the cook.

We looked at all or part of the care records of three people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of Elizabeth House on the 14 January 2015 we found that people were at risk because the registered person had not employed and had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
During this inspection we found that the provider had followed their action plan and improvements had been made. There were sufficient staff on duty to keep people safe and meet their immediate care needs.

When asked if there were enough staff at Elizabeth House a person replied, "If I need help, the staff come quickly." Another person confirmed that they felt that there was enough staff now, but more might be needed if additional people came to live in the home. Relatives we spoke with also felt there was enough staff. One relative said, "In the main, yes, they have enough staff." Another relative said that they felt they had, "The dream team, with low turnover." A visiting healthcare professional told us that they too felt that there were enough staff at Elizabeth House.

We spoke with staff who told us that the rota allowed enough staff to keep people safe and provide them with basic care. Other staff said that staffing could be an issue if colleagues rang in sick at short notice, but added that the registered manager always did their best to get the shift covered or would work it herself.

The registered manager told us that staffing levels were based on people's needs. Any changes in dependency were considered to decide whether staffing levels needed to be increased, or if the person's support plan needed to be changed. We saw that the correct number of staff were rostered for duty on the day of our inspection.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. This showed that the registered manager followed robust recruitment practices to keep people safe.

Medicines were not always administered safely. We observed staff support people to take their medicines. Staff were patient when required and ensured people had the time they needed to take all of their medicines. However, we also saw that the staff member administered medicines to people and then later on signed all of the medication administration records (MARs) at the same time to confirm that people had taken their medicines. The MAR records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. Signing them all at the same time meant that errors could be made in the records that were kept. We spoke to the registered manager about this poor practice and they immediately took steps address the matter and prevent

reoccurrence.

People confirmed to us that they received their medicines as prescribed and in a timely fashion. We spoke with several people who also told us that they could ask for their pain relief if they were in pain and this would be brought to them. Relatives we spoke with were also confidant that people received their medicines correctly. One relative said, "Medicines here are fine, I know that they are never forgotten." In addition, visiting healthcare professionals told us that they were confident that people received their medicines as had been proscribed.

The MARs included useful information about each person, including whether they had any allergies and the name of their GP. These had become out of date, but were in the process of being updated at the time of our inspection to ensure that the information was correct. There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines.

Medicines were stored securely in lockable trolleys and a lockable refrigerator, although the locked trolleys were not tethered securely to the wall. The temperature of areas and refrigerators medicines were stored in were monitored daily and records showed that they were within acceptable limits. This ensured that medicines remained effective.

During the inspection we saw checks were carried out to ensure the premises and equipment were well maintained .However these checks had not identified a significant build-up of debris behind the tumble drier which could present a fire hazard. We saw regular checks and routine maintenance had been undertaken both inside and outside of the home. This included smoke detectors, wheelchairs and the water system to prevent the build-up of legionella bacteria. Our observations of the equipment used within the home supported this; we saw equipment was well maintained. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

Although the communal areas of the home appeared quite cluttered, throughout the inspection we saw there were no obvious trip hazards and corridors were sufficiently clean and clutter free. There was no sluice facility at Elizabeth House which meant that there could be a risk of infection to staff cleaning portable sanitary ware.

People were protected with their freedom being supported and respected because risks were assessed and managed. We spoke with one person who understood why they needed to be assisted by two staff when they were being supported to move using a hoist. People told us how staff checked on them during the night to make sure that they were safe. Other people confirmed that they felt their money and possessions were safe at Elizabeth House. We also heard from people how they could summon staff if they needed assistance by using their call buzzer. They told us that staff attended them quickly when they used their buzzer. Relatives also told us how any risks to their family members were identified and minimised. For example, one person was at increased risk of falling when rising and we saw that their care plans had information for staff to follow to minimise this risk. We observed staff to be following this care plan when they assisted the person to move.

Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. The care records that we looked at showed that risks to people's safety had been appropriately assessed. Staff we spoke with told us how they ensured that people had the

mobility aids they needed when moving as this helped to prevent falls. Staff also told us how they would ensure a referral was made to the falls team if someone sustained a fall so that they could get the best advice for them possible.

The people we spoke with told us they felt safe living at Elizabeth House. One person we spoke with said, "I feel very safe" Another person told us, "No problems here. It's running smoothly and there's no bullying." All of the people and relatives we spoke said that they would mention a concern or abusive behaviour to the senior care worker or the registered manager and were confident that action would be taken to protect people. We also spoke with visiting healthcare professionals who were confident that people were safe at Elizabeth House and that staff would take the appropriate action to protect people if they had any concerns

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm people maybe subject to and told us they would report any concerns to the registered manager, the local authority or CQC to protect people if they suspected anything untoward had occurred. One staff member we spoke with described to us how they would react and speak up if they saw poor practice.

Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults' policy was in place.

Good

Is the service effective?

Our findings

At our comprehensive inspection of Elizabeth House on the 14 January 2015 we found that the registered person had not acted in accordance with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the provider had followed their action plan and improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and the registered manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

The registered manager had made applications for DoLS where appropriate to ensure that people were not being deprived of their liberty unlawfully. We spoke with staff who were able to describe how the Deprivation of Liberty Safeguards were used to protect people, for example those who may seek to leave the home without staff support.

People made decisions about their own care and were given the opportunity to provide consent where possible. Prior to moving into Elizabeth House, people and their families were involved in completing their care plan so that their needs could be identified. A consent form was signed by the person, and where appropriates their representative, to indicate agreement with their care plan when the person moved into the home.

Staff told us that they would always ask for a person's consent before providing them with care. One

member of staff said, "There are details about how each person gives their consent in their care plans, [the registered manager] finds this our when they do their assessment." We saw that staff always asked people for their consent before providing any care and support during our inspection.

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The carers will tell you 'what is what' in a way you can understand." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and told us, "People here live to a ripe old age, and they wouldn't do that if they were not cared for well." Visiting healthcare professionals were also confident that staff had the skills needed to support people well. One professional told us how they were asked to run workshops for staff by the registered manager if there was any shortfall of knowledge in the staff team. They told us how staff always attended these workshops and were keen to learn.

Staff told us they received regular training and records confirmed this. One staff member told us how, in addition the required minimum training they also received training related to people's specific needs such as diabetes and pressure care. We looked at the training records which showed that staff had received the training that they required and how any training which needed updating had been updated as required. The staff told us how they could request additional training should they feel they required it and this was arranged by the provider. New staff members worked through an induction booklet with the registered manager when they started working at Elizabeth House. This included a period of shadowing more experienced staff members as they got to know how each person needed to be cared for.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this.

People were supported to eat and drink enough to keep them healthy. One person told us, "The food is excellent. If you're hungry they will bring you some food." They told us the cook would ask them what they wanted. Another person agreed, saying, "We have a good cook here and the manager sorts out snacks and drinks between meals." A third person had reservations about tea time. They told us, "I would like more choice at tea times." Relatives were also of the opinion that the food was good. One relative told us, "The food here is very good," and reflected how their family member was able to enjoy the foods that they liked to eat. Another relative agreed, saying, "The food is beautiful – almost restaurant quality."

At lunchtime there was one main choice being prepared. The cook checked with people during the morning if they were happy with the planned meal and if not, they were able to choose an alternative. Two alternatives were being cooked at people's request. At lunchtime, a good sized portion of food was presented in an appetising way. People were able to choose who they sat with, or could eat in their room if they preferred. Tables were laid neatly and suitable crockery and cutlery were available to people where needed. A little background music added ambiance to the dining area. Staff were present in the dining room throughout the meal, supporting people as required and promoting conversation. People were offered tea or coffee after their meal. A menu was on display which showed the range of different food that was offered during the.

People had access to the healthcare professionals they needed at the right time. One person told us, "The chiropodist comes six weekly. If I want to see the doctor the staff will sort it out. The manager is very keen on health care." Another person confirmed, "My GP comes to see me, so does the physio and I see the hairdresser twice a week." Relatives also confirmed that their family members had access to healthcare professionals when they needed them and that any advice given was headed by the staff.

We spoke with several visiting healthcare professionals. They were complimentary about the manager and

the staff team. One healthcare professional told us, "The staff take time to get to know people, to understand them and their needs and then ask our advice specifically rather than just ringing the surgery to tell us someone is ill." Another healthcare professional told us that they felt that staff monitored people well and were always quick to ask and take advice if they were concerned. We saw that care plans detailed the advice that was given by healthcare professionals.

Good

Is the service caring?

Our findings

People told us that staff were caring and had formed positive relationships with them. One person said, "They are very caring here. Their attitude is very good." Another person said, "[There is] quite a happy atmosphere. We have a good laugh and a bit of banter." Relatives also told us that they felt the staff to be caring. One relative we spoke with told us, "The staff here are helpful and nice." Another relative said, "Nowhere is perfect, but here is as good as it gets." A third relative who had been visiting their family member at Elizabeth house for several years declared, "The care here is second to none." Visiting healthcare professionals also confirmed that the staff were caring, and told us, "The carers here are brilliant, better than elsewhere."

We spoke with staff who had worked in several different roles at Elizabeth House. They told us that they enjoyed their work and took pride in ensuring that people were well cared for. Other staff told us how the home had a family feel to it as it was smaller than many others and that meant that the staff could get to know each person well. A third staff member said, "We do our best to make people feel at home here." We spoke with a relative who reflected on the décor and how this was very much in keeping with the home environment of many older people. They said, "There may not be chandeliers here, but it is warm and homely and not in the least clinical."

Relatives spoke about Elizabeth House having, "A homely community." Staff also told us that friendships had formed between some of the people that lived at Elizabeth House. Accordingly, we saw close relationships existed between some of the people that lived at Elizabeth House. People engaged in conversations with each other and checked how they were. This promoted sense of a solid protective community in the home amongst people that had a loyalty to Elizabeth House.

The registered manager told us that it was important for people to feel like this was their home. Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished and their photo on the door. Some people liked to sit in the same place each day. Where this was the case, people had the things that they wanted, for example, some sweets, pictures of loved ones or books and magazines that they liked to read, close to hand on a table by their chair. Where people wanted to bring their own chairs or pieces of furniture into the home, they were able to do so.

During our inspection, people were made aware of who the inspectors were and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people clearly and directly, but also respectfully. We observed staff respond quickly when people showed any signs of discomfort and provided reassurance when needed.

While there were no visiting ministers of religion at the time of our inspection, we were told that arrangements had been made in the past, and could be made again in the future for people to be visited in Elizabeth House to make religious observations.

People were supported to make day to day choices such as whether they wanted to join in with activities, whether they wanted to spend time in their room or in the company of others in one of the communal areas. One person spoke about choosing what they wore. They also told us, "Staff talk to me. They don't fall out with me. They listen to me if I've got anything to say." Another person said, "I was a nurse and so I understand when they explain [about my care]." A third person agreed that staff involved them in making decisions about their care, saying, "If you want to know something, they [the staff] will explain it to you."

Staff told us they involved people in their care. One staff member told us how they always talk through the support that they were about to provide to a person before beginning to assist them. Another staff member said, "We involve people in their care plans, we'll sit with them and explain what we are writing about."

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. No one was using an advocate at the time of our inspection.

People were treated in a dignified and respectful manner by staff. One person said, "Yes they keep your privacy and are respectful. You know when people respect you." Another person told us, "I am an independent sort of person and say what I like and they don't take umbrage." A third person explained to us that staff were there to assist them when they needed saying, "You try to help yourself with things but also know what you need help with." We spoke with a relative who told us, "They [the staff] make sure that [my family member] wears the sorts of clothes they always did, so they still look like themselves."

Personal details for people were kept securely. Information stored in files were located so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. We saw staff speak with people close by, if they were talking about sensitive issues, so that others could not hear what was being said.

People had access to their bedrooms and also several communal areas. Visitors were able to come to the home at any time and many people visited during the inspection.

Requires Improvement

Is the service responsive?

Our findings

At our comprehensive inspection of Elizabeth House on the 14 January 2015 we found that the registered person did not identify, assess and manage risks or listen to the complaints or comments made and views expressed by people who used the service and others. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the provider had followed their action plan and improvements had been made. We reviewed the records of the complaints received to date in 2016 and saw that one complaint had been made which had been investigated by the registered manager.

While people were not aware of the formal complaints procedure, people felt able to raise concerns and complaints and told us they knew how to do so. One person said, "There must be a complaints procedure, but it's not known to me. If I needed to complain I would go to the manager. I wouldn't mess around." The other people we spoke with all told us that if they had a concern they would approach the manager and were confident that is would be resolved. We spoke with relatives who told us how they had raised some concerns with the registered manager, and these had been quickly resolved.

Staff told us they would ensure that any complaints raised with them would be reported immediately to the manager, (by phone if they were not at work to ensure that action was taken quickly.) So people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed on the notice board. The complaints procedure also gave links to key contacts at the Local Authority and CQC.

People felt that they received the care and support they required and it was responsive to their needs. The home had a program of regular group activities which people could join in with if they wished and were able to. These were planned for each weekday. However, on the day of our inspection there were no activities taking place. We spoke with people about the activities and the majority of those we spoke with said that they preferred not to join in with group activities, and would rather spend their time perusing their own interests. This was summarised by one person who told us, "I'm happy in my own little warren. Don't really want to do anything new. I'm quite OK as I am" The registered manager told us how occasional events were organised such as singers who visited the home. When these activities took place, the registered manager encouraged as many people as possible to join in and then give their views on whether they had enjoyed the session. Relatives were of mixed opinion with regard to the activities that were available. While some spoke enthusiastically about some of the celebrations and parties, others commented that they felt their family member could suffer from boredom occasionally.

We saw that a number of people had books and magazines around them which they looked at from time to time and told us that they enjoyed doing this. Staff also used these materials to prompt discussion when they were able. We observed that staff were responsive to people's needs and requests for help. There was always a member of staff checking on those in communal areas. We also saw staff spend time with one person who was distressed, giving them reassurance and engaging them in an activity.

Information about people's care needs were provided to staff in care plans and were written in a person centred way. We saw that people's care plans were regularly reviewed and updated when required. People and their relatives told us how they were involved in updating these each month. Relatives were confident that people's care plans contained the information staff needed in order to care for their family member. One relative said, "Yes, we helped write [my family members] care plan. We counter signed it and can check it at anytime when we want to know anything, like to check on [my family members] weight." Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes. Staff and relatives told us about the keyworker system that was in place and all parties felt that these arrangements worked well.

Requires Improvement

Is the service well-led?

Our findings

There were some systems in place to monitor the quality of the service, but these systems were limited and did not give the provider a full overview of the service. Audits were undertaken in three areas, medication, the kitchen and infection control, but not other aspects of the running of the home or delivery of care. Neither was there an overarching action plan linking together the findings of the audits and any planned future improvements to the home. People's care planning records, however, and other records relevant to the running of the service were well maintained.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through a service user survey which was undertaken annually. We saw the results from the most recent survey, which showed that overall people were happy with the quality of the service provided.

Although there were no group meetings for relatives held, all of the relatives we spoke with told us how they spoke to the registered manager when they visited to discuss the needs of their family member. We saw the registered manager speaking with relatives during our visit, including making detailed plans with one family for a forthcoming celebration at Elizabeth House. Relatives also told us that over time they had got to know each other and would speak together when visiting the home.

Communication structures were in place within the home. A senior staff member was responsible for the running of each shift. While there were no regular team meetings, a detailed handover was held in the middle of the day when each person's needs and presentation was discussed. This gave the registered manager, or person in charge of the shift an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. A communications book and diary was used to ensure that staff who were not on duty were made aware of salient information. Staff confirmed that they felt that registered manager communicated well with them.

People benefitted from the positive and open culture at Elizabeth House. Repeatedly, we heard that people were happy to speak with the registered manager and that they would take actions needed to resolve any issues. One person summarised this saying, "You can talk about any problems and they will solve it. You can't say better than that." Relatives shared a similar view with one relative commenting, "All respect to the boss because they respect the residents." We saw people felt comfortable and confident to speak with the staff that were supporting them and with the registered manager.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. For example, staff consistently told us about the importance of Elizabeth House feeling like one large extended family where, "Lots of grandmas and grandpas lived." Staff we spoke to during our visit were friendly and approachable. Visiting healthcare professionals told us that the registered manager was approachable. They said they would be able to speak with them if they had any concern and action would be taken to resolve the issue.

Staff told us that they felt well supported by the registered manager. We spoke with one staff member who told us that they felt the home was well led. Another staff member said, "[The registered manager] is very supportive. They are 'the mother of the family' that is Elizabeth House." We heard from staff that there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. Staff we spoke with were confident that they would be listened to if they raised a concern, their concerns taken seriously and acted upon.

The registered manager was visible and accessible to those using, visiting or working in the service. We saw them speaking to people to explain their care and provide them with reassurance.

There was clear management and leadership at the service. People and relatives who had had interaction with the registered manager or the management team spoke positively about them. One relative told us, "I'm very happy with [the registered manager]. They do everything they can to look after people well and tell us if there has been a problem."

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since October 2010. The provider had not always notified CQC of the outcomes of applications made to the local authority to deprive people of their liberty. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received other required notifications in a timely way. Staff confirmed that the registered manager was usually on duty every day and would often support the staff on duty and assist in providing care.